IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of LOUIS C. ARGENTA and MICHAEL J. MORYKWAS

Group Art Unit 3736

Application No. 09/026,353

Examiner: Lacyk, J.

Filed: February 19, 1998

For: WOUND TREATMENT EMPLOYING

REDUCED PRESSURE

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INFORMATION DISCLOSURE STATEMENT UNDER 37 C.F.R. § 1.97

In compliance with the duty of disclosure set forth in 37 C.F.R. § 1.56, Applicants are submitting herewith a Form PTO-1449 and a copy of the references listed thereon. Information Disclosure Statement is being filed with a Request for Continued Examination (RCE) and a Petition for Withdrawal from Issue under 37 C.F.R. §1.313(c)(2). Applicant is also enclosing the English Translations of the foreign language references cited on the attached Form PTO-1449. In the event a fee is required, the Commissioner is authorized to charge the required fees to deposit account no. 04-1406. A duplicate copy of this sheet is included for fee processing, if necessary.

Applicants respectfully request full and proper consideration of the listed information during examination of the application, and that the listed information be printed on any patent that issues therefrom.

The Commissioner is hereby authorized to charge any fee in connection with this matter to Deposit Account 04-1406 of the undersigned attorney.

Respectfully submitted,

DANN, DORFMAN, HERRELL AND SKILLMAN A Professional Corporation Attorney for Applicant(s)

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	Complete if known	
	Application Number: 09/026,353	EAVDE
INFORMATION	Filing Date: February 19, 1998	FAX RE
DISCLOSURE STATEMENT	First Named Inventor: Argenta, Louis C.	MAY O
	Group Art Unit: 3736	PETITION
	Examiner Name: Lacky, J.	7 - 11110
SHEET 1 OF 1	Attorney Docket Number: WH4	

UNITED STATES PATENT DOCUMENTS				
EXAMINER'S INITIALS	CITE NO.	PATENT NUMBER	ISSUE DATE MM-DD-YYYY	FIRST NAMED INVENTOR
	A1	-		

FOREIGN PATENT DOCUMENTS				
EXAMINER'S INITIALS	CITE NO.	DOCUMENT NUMBER	COUNTRY OR REGION	DATE OF PUBLICATION MM-DD-YYYY
	B1			

OTHER PRIOR ART - NON-PATENT DOCUMENTS			
EXAMINER'S INITIALS	CITE NO.	Include name of the author (in Capital Letters), title of the article (when appropriate), title of the item(book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published	
	C1	No-Wound is Too Big For Resourceful Nurses; Margaret Wooding-Scott et al., RN, Dec. 1988, 22-25.	
	C2	Pathenogenic mechanism of the effect of vacuum therapy on the course of the wound process; Davydov, et al, Khirurgiia, June 1990 (with English translation).	
	СЗ	Vacuum Therapy in the Treatment of Suppurative Lactation Mastistis; Davydov, et al., Vestn. Khir., Nov. 1986 (with English translation).	
	C4	Bacteriological and cytological evaluation of the vacuum therapy of suppurative wounds; Davydov, et al. Vestn. Khir., Oct. 1998 (with English translation).	
	C 5	Basis of the use of forced early secondary suture in the treatment of suppurative wounds by the vacuum therapy method; Davydov, et al., Vestn. Khir. Mar. 1990 (with English translation).	
	C6	Vacuum therapy of some skin diseases; Borzov, et al., Vestn. Dermatol. Venerol., Aug. 1965 (with English translation).	

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EXAMINER'S	DATE		
SIGNATURE	CONSIDERED		

EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP §609. Draw a line through citation if citation not in conformance and reference not considered. Include a copy of this form with next communication to applicant.